

2/5/49

The Entrant agrees to maintain the price designated below for six months after closing date of exhibition.

Artist CHARLENE M. CHRISTOPHER (Please print plainly)

Telephone No. WY-2734 Address 18009 FERNWAY RD. 22
Zone No. _____

Please Enclose Registration Fee of \$2.00 (Check or Money Order) With Entry Blank

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Permission to print prices on labels granted unless declined here		
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Entry blanks must be filled out and returned to the Museum on or before April 5, those postmarked later than April 5 will not be accepted.

Entries must be delivered at the Museum between 9 A.M. and 5 P.M. from April 9 to April 16 (except Sunday).

LIST OF CLASSES ON BACK